



Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
April 2008

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	MTH	C R	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Home Options HHA	Kalispell	Expand HHA services to Lincoln County	\$16,000.00 estimated	2/20/08	3/08	No	7/9/08					
HomeLink of St. Peter's Hospital	Helena	Expand HHA services to Broadwater County	None reported	2/22/08	3/08	No	7/9/08					

LEGEND:

ASC Ambulatory Surgical Center
CDU Chemical Dependency Unit
CO County
CR Comparative Review
DEC Decision
DISMISS Appeal dismissed
FAC Facility
HHA Home Health Agency

H Hospital
HIS Indian Health Service
LOI Letter of Intent
LTC Long-Term Care
MTH Month of Notice
NH Nursing Home
NR Non-Reviewable Project
N/A Not Applicable

REC REQ-Reconsideration Hearing of Decision
REQ Request
SNF Skilled Nursing Facility
TBA To Be Announced
TBI Traumatic Brain Injury
10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)
N Disapproval Y Approval or Yes
DATES Month/Day/Year

* First-year operating cost HHA
Name of facility in **BOLD** indicates a new request for report month